

M12000001748

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000284956 3)))



H150002849563ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : O'HAIRE, QUINN, CASALINO, CHARTERED  
Account Number : 073077002560  
Phone : (772)231-6900  
Fax Number : (772)231-9729

2015 DEC -2 AM 11:32  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SOUTHERN ASSET MANAGEMENT OF FLORIDA I, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

RECEIVED  
15 DEC -2 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
DEC -3 2015

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: SOUTHERN ASSET MANAGEMENT OF FLORIDA I, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: \_\_\_\_\_

*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M12000001748

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 3/28/2012

**SECTION II (S-9 complete only the applicable changes)**

5. New name of the limited liability company: STYLES PROPERTY MANAGEMENT, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

FILED  
2015 DEC -2 AM 11:32  
TALLAHASSEE COUNTY FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_


8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |

FILED  
15 DEC -2 AM 11:32  
TALMADGE COUNTY CLERK  
TALMADGE COUNTY, OHIO

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

**Gregg M. Casalino**  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SOUTHERN ASSET MANAGEMENT OF FLORIDA I, LLC", CHANGING ITS NAME FROM "SOUTHERN ASSET MANAGEMENT OF FLORIDA I, LLC" TO "STYLES PROPERTY MANAGEMENT, LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2015, AT 10:57 O'CLOCK A.M.

2015 DEC -2 AM 11:32  
FILED  
SECRETARY OF STATE  
HALLMARKSSE.FLORNO



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

5043962 8100  
SR# 20151102925

Authentication: 10505365  
Date: 11-30-15

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

H15000284956 3

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:57 AM 11/30/2015  
FILED 10:57 AM 11/30/2015  
SR 20151102915 - File Number 5043963

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: SOUTHERN ASSET MANAGEMENT OF FLORIDA I, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is STYLES PROPERTY MANAGEMENT, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 30th day of November, A.D. 2015.

By [Signature]  
Authorized Person(s)

Name: Gregg M. Casalino  
Print or Type

FILED  
2015 DEC -2 AM 11:32  
DEPARTMENT OF STATE  
HALLWAY SECF. FLORIDA